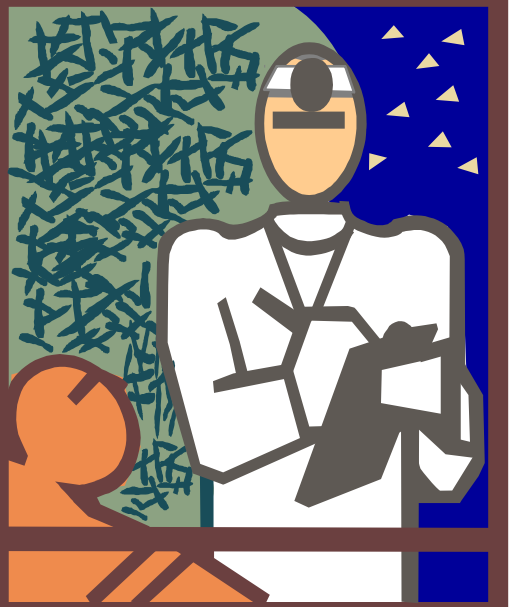

Region One Scheduling Improvement Update

IPT Brief

October 25, 2000

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TRICARE Northeast

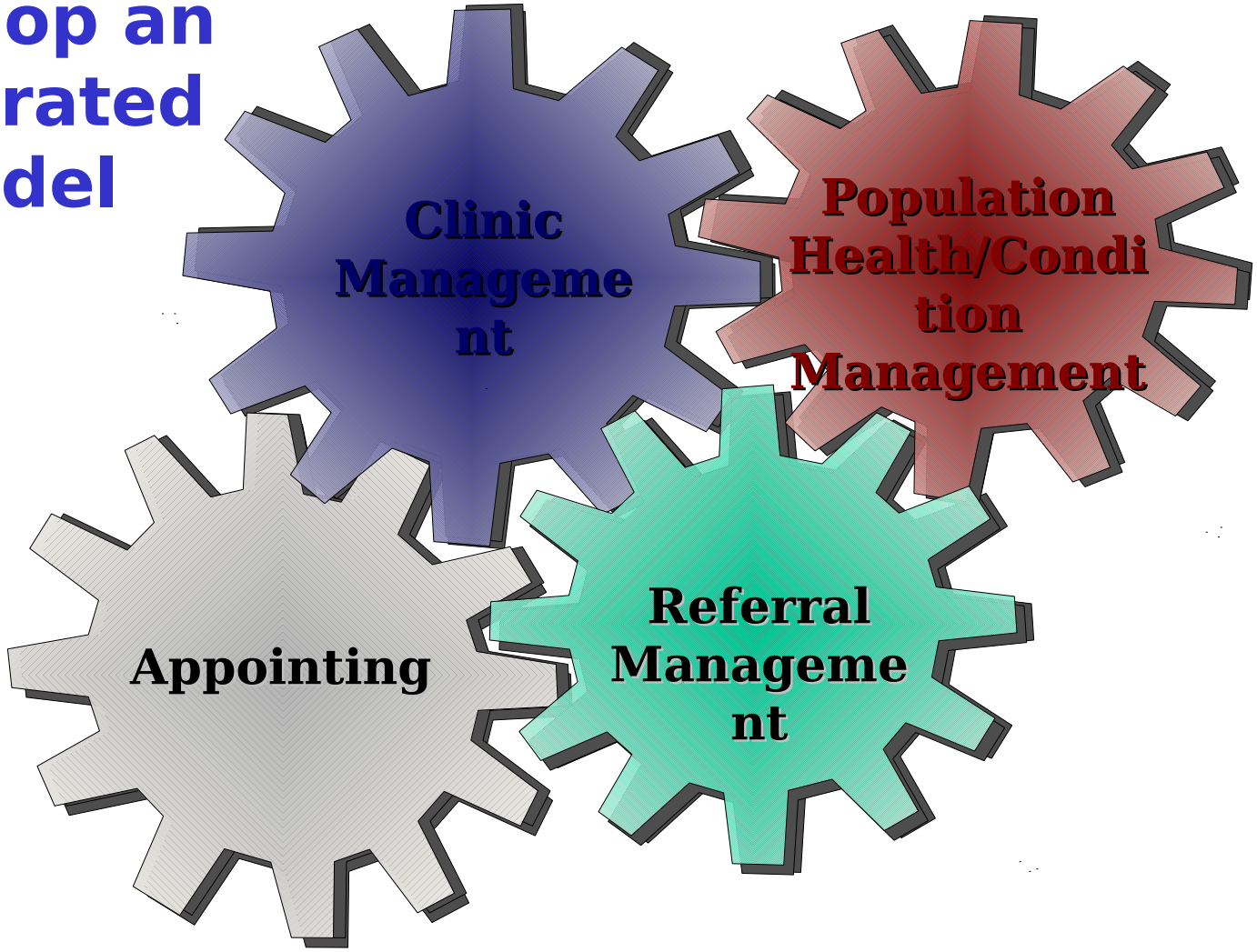
DEPARTMENT OF DEFENSE · UNITED STATES OF AMERICA

Agenda

- Objectives
- Approach
- Current State Assessment
  - Root Causes
- Recommendations Summary
- Future State Model
- Action Steps to Implement Future State Model
- Timeline

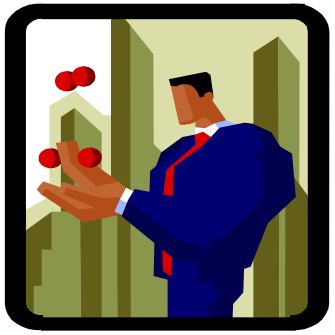
Objective

Develop an Integrated Model



Approach

- Change from Beneficiary Appointing to Provider Scheduling – Redefine the process
- Assess Current Technology and Upgrade as needed
- Pilot the Plan in 3 MTFs in Region One
  - Malcolm Grow, Patuxent River and Hanscom
- Review Pilot Results, Enhance Implementation Template and Rollout to Remaining MTFs in Region One



Current State Assessment

- *Making Appointments* and *Access to Care* - lowest rating in the Beneficiary Satisfaction Survey
- Long waits for specialty appointments
- Appointing process is confusing, time consuming and frustrating
  - Multiple telephone numbers
  - Complex menu options
  - Lengthy hold times & calls
- MTFs are absorbing appointing functions without budgeted staff
  - Reduction in patient care resources

Some Root Causes

- ***Lack of Trust***
- Complex appointment templates
- Lack appropriate appointment availability
- Lack of appropriate triage
- Lack of responsiveness to necessary unique scheduling requirements
- Insufficient provider capacity
- Episodic problem management

Some Root Causes

- High variability with MTF & clinic-specific appointing processes
- Lack infrastructure and staffing resources
  - Local clinic telephone access
  - Inadequate telephone systems
  - Inadequate staffing in MTFs/Clinics
- Lack of training
- Poorly aligned metrics

Access to Care Model Process

- Establish single point of access utilizing:
  - telephonic
  - web-based
  - kiosk at strategic locations

- Verify eligibility and enrollment
- Obtain/confirm additional insurance information

- Utilize clinical decision support tools/algorithms
- Document Care
- Contact beneficiary to determine/document effectiveness of care

- Schedule beneficiary appointment/service
- Use standardized appointment types, guidelines and appointment length
- Establish, maintain and adjust provider schedule templates

- Provide directions to care site
- Provide any needed visit preparation instructions
- Arrange any Primary Care follow-up care at clinic discharge

- Identify desired performance measures and standards
- Develop and deploy improved practices
- Monitor process and practice performance

Recommendations Summary

Key Scheduling Recommendations:

- Migrate Scheduling Functions to On-site TRICARE Service Centers.
- Simplify Access for Primary Care Appointing.
- Improve Application of Scheduling Best Practices.
- Initiate Specialty Care Appointing from the PCM Office.

Future State Scheduling Flow

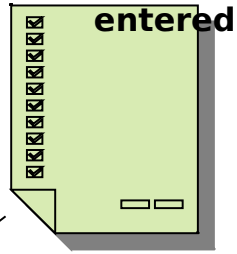
Beneficiary Dial Phone # or connect via the Web for appointment

TRICARE Service Center

RN Triage Same Day Appt Request

PCM Office Visit

If SC needed Cln Order entered



Scheduling Clerk (MTF Location)

Health Care Finder (Central/Local)

Performs Review & authorization

Uses CHCS to book SC appt. or calls HCF if authorization is required

Yes

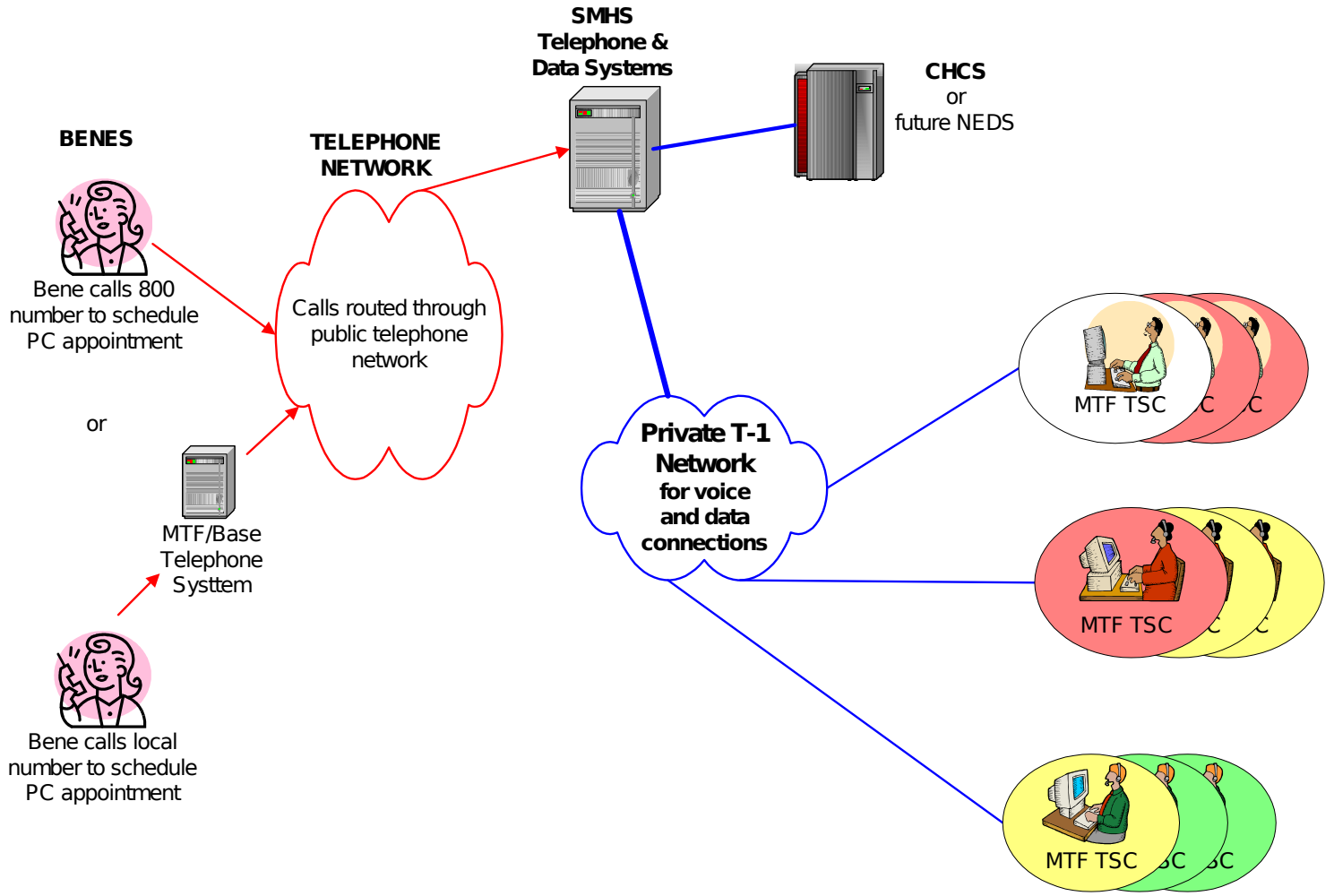
MTF SC Facility

No

Network SC Facility

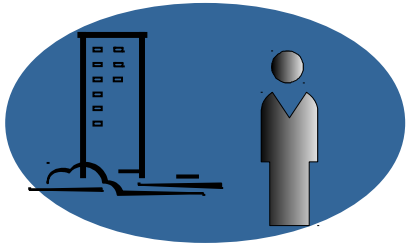
NOTE: Beneficiaries DO NOT MAKE SC Appointments Appointments are made by the Referral Manager and/or the HCF while the Patient is at the MTF office

Network Option – Private T-1 Network



Scheduling Clerk Staffing Model

TCS Scheduling Clerk staffing should be stratified by size of scheduling demand towards three models:

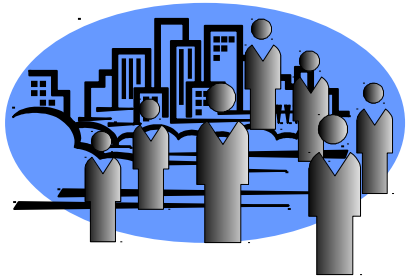


Small MTF Scheduling Staff Functions (<30 appts/day)

MTFs with less than 30 average daily appointments require at most 0.5 FTE to meet demand. Existing support staff at small MTFs should be cross-trained to perform scheduling functions. Currently 26 MTFs that fit this model.

Medium MTF Scheduling Staff Functions (75 - 650 appts/day)

These MTFs should create scheduling “cells” of clerks within the TSCs located at the MTFs. Currently 26 MTFs fit this model.



Large MTF Scheduling Centers

These MTFs should establish distinct Scheduling Call Centers aligned with the TSCs. Current figures define 4 MTFs that fit this model. Bethesda, Dewitt, Malcolm Grow and Walter Reed

TSC Staffing Model

The MTF based TSCs will be expanded to handle the Scheduling functions outlined in this model.

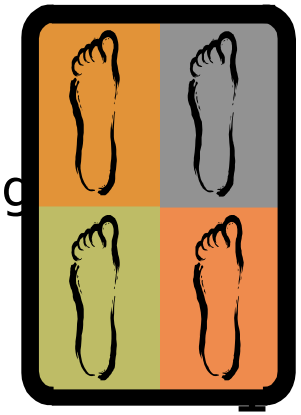
In summary each TSC will provide the following Beneficiary Services:

- Walk-up customer service for Appointment Scheduling, Claim, Enrollment, Referral Assistance and Patient Education.
  - This assistance will be provided by the CSR staff.
- Telephone requests for Appointment Scheduling.
  - This assistance will be provided by the scheduling clerks.

Action Steps

Build a Detailed Implementation Plan which will:

1. Define people, process and technology requirements to incorporate the scheduling function into the MTF based TSCs.
   - Redefine current TSC staff roles and responsibilities.
     - Define role of Scheduling Clerks in TSC
   - Develop scheduling and referral workflows within the MTF and TSC.
   - Identify capacity shortfalls and reassign staff from SMHS and MTF.
   - Build implementation plans to re-allocate SMHS resources through normal turn-over at centralized call center.
   - Develop detailed Telephony and Information Technolog implementation plan for pilot sites and the Region.



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Action Steps

2. Define *Key* Metrics.
   - Service, Process, Quality and Cost – measure results for all “customers”
   - Establish baseline and “Best Practice Goals” for each measurement
   - Track results and report performance levels
   - Use *Key* metrics to identify opportunities for improvement

3. Develop Communication and Training Plans for Beneficiaries, Providers, and MTF Staff on New Scheduling Model.

Action Steps

4. Review, Standardize and Enhance Technology Tools.
   - Assess and upgrade where required each MTF's Telephony capabilities to support future state scheduling model. Review TSC's relocation plans to ensure compatibility with MTF Telephony
   - Pilot Web Appointing for PCM appointments
   - Integrate an Appointment Reminder System – including automatic appointment cancel function

5. Develop Same Day Appointing Triage Function using PC Clinical Staff as an Interim Step until Migration to Open Access Model.

Action Steps

6. Re-assess Proposed New Business Rules Against Future State Scheduling Model. Revise as Needed.
   - Standard Appointment Types
     - Review appointments types against Open Access Model
     - Establish standard time slots for each appointment type
   - Access Standards
     - Allow Follow-up appointments to be booked outside the 30 day access standard
   - PCMBN
     - Coordinate the move to PCMBN

Action Steps

Using the 3 pilot sites:

7. Test the Scheduling Model

8. Valid and Refine the Implementation Plan
   - Review actual results and update implementation toolkit

Major Activities and High Level Timeline

Working with MTF Commanders, OLA and SMHS:

Weeks 1-2

Develop Detailed Implementation Template for Each Category of MTF

- ✓ Develop *Quick Hit* "Best Practice" List – Distribute to all MTFs
- ✓ Define Infrastructure requirements
- ✓ Develop *Key* Metrics
- ✓ Develop Communication Plan
- ✓ Re-design TSC and Clinic/MTF Workflows

Weeks 3-4

Pilot site planning - INCA and ONCA

- ✓ Define each TSC staffing requirements – MHS and SMHS
- ✓ Define infrastructure needs – Space, Telephony and IT
- ✓ Develop detailed site specific implementation plans

Implement Initial Sites

Weeks 5-12

Review *Key* metrics, adjust Implementation Template as needed

Week 12

- ✓ Publish Implementation Template for system-wide implementation